

FILED SEP 13 1945

Registration District No.

Primary Registration District No. 3015

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Clinton
(b) City or town Cameron
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
E. 4th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
(Specify whether
In this community
years, months or days)

3. (a) PRINT

FULL NAME ETHEL MAE HUGHES

3. (b) If veteran,

name war.

3. (c) Social Security

No.

4. Sex FEMALE 5. Color or
race W

6. (a) Single, widowed, married,
divorced m

6. (b) Name of husband or wife
JOHN DUDLEY HUGHES

6. (c) Age of husband or wife if
alive 45 years

7. Birth date of deceased. SEPT 14 1902
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 10 27 hr. min.

9. Birthplace Stewartsville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name John Schleicher
13. Birthplace Stewartsville Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Hausman
15. Birthplace Wilkes-Barre Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Dudley Hughes
(b) Address Osborn Mo.

17. (a) Burial (b) Date thereof Aug 13 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Before me

18. (a) Signature of funeral director Stewartsville Mo
(b) Address

19. (a) Aug 12 1945 Mrs. Kathleen Harris
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Osborn Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Platte Exp.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11
year 1945 hour 10:00 minute AM

21. I hereby certify that I attended the deceased from
19 45 to Aug 11 1945

that I last saw him alive on Aug 11
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer
of breast + spine
Duration 1 yr

Due to

Due to

Other conditions.
(Include pregnancy within 3 months of death)

Major findings:
Of operations Cancer
Of autopsy Breast + spine

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature A.O. Zierland (M. D. or other)
Address Cameron Mo Date signed 8/11/45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

J. G. Poirer

Licensed Embalmer No.

952

P.O. Address

Stewartville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.